FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549



08055436

FORM D NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR IIFORM LIMITED OFFERING EXEMPTION

1406960) OMB APPROVAL					
MISSION	OMB Number:					
ies pp	OCESSED USE ONLY					

DATE RECEIVED

Serial

Prefix

Name of Offering	(☐ check if this is an am	endment and name	has changed, and ir	dicate change	.)		
Issuance of Shares	of PM Manager Fund, SP	C Segregated Po	orfolio 7				
Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☒ Rule 506 ☐ Sect							M ULOE
Type of Filing:	☐ New Filing					Wai Pre	PESSING
		A. BASIC	CIDENTIFICAT	ON DATA		Sect	ion
1 Enter the informa	ation requested about the i					AUG RU	<u> </u>
				<u> </u>		rtosa grad	
Name of Issuer	check if this is an ame		nas changed, and in	sicate change.			
PM Manager Fund, S	SPC. – Segregated Portfo	lio 7				Washing	ton, DC
Address of Executive	Offices		(Number and Stree	t, City, State,	Zip Code)	Telephone Num	ber (Including Area Code)
c/o Walkers SPV Lin	nited, P.O. Box 908GT, G	eorge Town, Grand	Cayman, Cayman	Islands		(34	45) 814 4684
Address of Principal C	Offices		(Number and Stree	t, City, State,	Zip Code)	Telephone Num	ber (Including Area Code)
(if different from Exec	utive Offices)					[
Brief Description of Br	usiness: Private Inve	estment Company			<u> </u>		
Type of Business Org	anization	<u> </u>		_			······································
	corporation	☐ limited p	artnership, already	formed	⊠ (other (please spec	eify)
	business trust	☐ limited p	eartnership, to be for	med	Cayman with limit	Islands exempted	M Manager Fund, SPC, a I company incorporated gistered as a Segregated
			Month		Year		
Actual or Estimated D	ate of Incorporation or Org	ganization:	0 9	0	5	Actua	l Estimated
Jurisdiction of Incorpo	oration or Organization: (E	nter two-letter U.S. F	Postal Service Abbre	viation for Sta	te;		
		CI	N for Canada; FN fo	r other foreign	jurisdiction)	F	N

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

not required to respond unless the form displays a currently valid OMB control number. A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter ■ Beneficial Owner □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual): Wilson-Clarke, Michelle M. Business or Residence Address (Number and Street, City, State, Zip Code): Walkers SPV Limited, P.O. Box 908GT, George Town, Grand Cayman, Cayman Islands Check Box(es) that Apply: □ Promoter ☐ Beneficial Owner □ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual): Watters, Patricia Business or Residence Address (Number and Street, City, State, Zip Code): c/o Pacific Alternative Asset Management Company, LLC, 19540 Jamboree Rd., Suite 400, Irvine, California 92612 Check Box(es) that Apply: □ Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Managing Partner Williams, Kevin Full Name (Last name first, if individual): Business or Residence Address (Number and Street, City, State, Zip Code): c/o Pacific Alternative Asset Management Company, LLC, 19540 Jamboree Rd., Suite 400, Irvine, California 92612 Check Box(es) that Apply: ☐ Promoter Beneficial Owner ■ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual): Pacific Atlantic Master Fund, L.P. Business or Residence Address (Number and Street, City, State, Zip Code): c/o Pacific Alternative Asset Management Company, LLC, 19540 Jamboree Rd., Suite 400, Irvine, California 92612 Check Box(es) that Apply: □ Promoter □ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual): Newport Sequola Fund, LLC Business or Residence Address (Number and Street, City, State, Zip Code): c/o Pacific Alternative Asset Management Company, LLC, 19540 Jamboree Rd., Suite 400, Irvine, California 92612 Check Box(es) that Apply: □ Promoter ☐ Beneficial Owner □ Executive Officer □ Director General and/or Managing Partner Full Name (Last name first, if individual): Business or Residence Address (Number and Street, City, State, Zip Code): Check Box(es) that Apply: □ Promoter ■ Beneficial Owner □ Director ☐ General and/or Managing Partner

☐ Executive Officer

□ Executive Officer

□ Director

□ Director

Full Name (Last name first, if individual):

Full Name (Last name first, if individual):

Check Box(es) that Apply:

Check Box(es) that Apply:

Business or Residence Address (Number and Street, City, State, Zip Code):

☐ Beneficial Owner

☐ Beneficial Owner

□ Promoter

Business or Residence Address (Number and Street, City, State, Zip Code):

☐ Promoter

					В.	INFORM	/IATION	ABOUT	OFFER	ING				
	•													
1. I	as the issue	er sold, or	does the is	ssuer inten	d to sell, to Answer	non-accr also in Ap	edited inve pendix, Co	estors in th Jumn 2, if	nis offering filing unde	? r ULOE.	••••	☐ Yes	⊠ No	
2. \	 What is the minimum investment that will be accepted from any individual?											\$1,000,000° May be waived		
3. [Does the offe	ering permi	it joint own	ership of a	single uni	it?						☑ Yes	s □ No	
6 6														
Full N	ame (Last n	ame first, i	f individual)										
Busin	ess or Resid	ence Addr	ess (Numb	per and St	reet, City, S	State, Zip	Code)						<u> </u>	
Name	of Associate	ed Broker	or Dealer											
	in Which P										-		☐ All States	
[Ai			[AR]								□ (HI)	□ [ID]	☐ All Oldios	
	□ {IN}	□ [iA]	□ [KS]	[KY]	[LA]	☐ [ME]	☐ (MD)	☐ [MA]	[MI]	☐ [MN]	[MS]	[MO]		
□ [M]	r) 🔲 (NE)	□ [NV]	□ [NH]	□ [NJ]	□ [NM]	□ [NY]	☐ [NC]	□ [ND]	□ [OH]	□ [OK]	□ [OR]	□ [PA]		
□ (RI] 🔲 [SC]	☐ [SD]	□ [TN]	□(тх)	[TU]	□ [VT]	□ [VA]	[WA]	[M∧]	[Wi]	□ [WY]	☐ [PR]		
Full N	ame (Last na	ame first, it	f individual)										
Busin	ess or Resid	ence Addr	ess (Numb	per and Str	eet, City, S	State, Zip	Code)				·			
Name	of Associate	ed Broker	or Dealer											
	in Which Po									•	_		☐ All States	
[AÌ			☐ [AR]		•						☐ [Hi]	[ID]		
	□ [IN]	□ [IA]	☐ [KS]	□ [KY]	□ [LA]	☐ (ME)	☐ [MD]	☐ [MA]	[MI]	☐ [MN]	□ [MS]	[MO]		
☐ (M	Ŋ [NE]	□ (NV)	□ (NH)	□ [NJ]	[MM]	□ [NY]		□ (ND)		\square [OK]		□ [PA]		
□ (RI		☐ [SD]		□ [TX]		[VT]	[VA]	□ [WA]	[M∧]			□ [PR]		
Full N	ame (Last na	me first, if	findividual)		<u> </u>				·	,			
Busine	ess or Resid	ence Addr	ess (Numb	er and Str	eet, City, S	State, Zip (Code)				_			
Name	of Associate	ed Broker o	or Dealer											
	in Which Pe Check "All S												☐ All States	
□ (AL			[AR]		•				□ (FL)	☐ [GA]	[HI]	[01]		
	□ [IN]	□ [IA]	[KS]	□ [KY]	□ [LA]	☐ [ME]	[MD]	☐ [MA]	[Mi]	☐ [MN]	☐ [MS]	☐ [MO]		
□ [M] [NE]	□ [NV]	□ [NH]	□ [NJ]	□ [NM]	[NY]	□ [NC]	□ [ND]	[OH]	□ [OK]	□ [OR]	[PA]		
		☐ [SD]	□ [TN]	□ [TX]	[TU]		□ [VA]	□ [WA]	□ [WV]	□ [WI]	[WY]	□ (PR)		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\sqrt{\text{and}} \) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		Aggregate Offering Price		Amount Already Sold
	Debt	. <u>\$</u>		\$	
	Equity	. <u>\$</u>		\$	
	☐ Common ☐ Preferred				
	Convertible Securities (including warrants)	. <u>\$</u>		\$	
	Partnership Interests	. <u>\$</u>		\$	
	Other (Specify) Shares)	. \$	500,000,000	\$	173,385,463
	Total	\$	500,000,000	\$	173,385,463
	Answer also in Appendix, Column 3, if filing under ULOE				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
			Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors		27	<u>\$</u>	173,385,463
	Non-accredited Investors	. <u></u>		\$	
	Total (for filings under Rule 504 only)			\$.
	Answer also in Appendix, Column 4, if filing under ULOE			- -	
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C—Question 1.				
	Type of Offering		Types of Security		Dollar Amount Sold
	Rule 505	·	=	\$	
	Regulation A	·		\$	
	Rule 504			\$	
	Total	·		\$	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees			\$	
	Printing and Engraving Costs		🗖	\$	
	Legal Fees		🛛	\$	40,678
	Accounting Fees			\$	
	Engineering Fees		🗖	\$	
	Sales Commissions (specify finders' fees separately)		_	\$	
	Other Expenses (identify))			<u> </u>	
	Total			s	40,678
					· - · · · ·

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

4	b. Enter the difference between the aggregate offerin Question 1 and total expenses furnished in response to "adjusted gross proceeds to the issuer."	Part C-Question 4.a. This differen	nce is the	e	<u>\$</u>	499,959,322
5	Indicate below the amount of the adjusted gross proceed used for each of the purposes shown. If the amount for estimate and check the box to the left of the estimate, the adjusted gross proceeds to the issuer set forth in re	r any purpose is not known, furnish The total of the payments listed mu	an st equal	Payments to Officers, Directors & Affiliates		Payments to Others
	Salaries and fees	••••••••••••••••••		\$		\$
	Purchase of real estate			\$		\$
	Purchase, rental or leasing and installation of ma	achinery and equipment		\$	🗆	\$
	Construction or leasing of plant buildings and fa	cilities		\$	□	<u>\$</u>
	Acquisition of other businesses (including the va offering that may be used in exchange for the as pursuant to a merger	ssets or securities of another issuer		\$	📮	\$
	Repayment of indebtedness			\$		\$
	Working capital			\$	🛛	\$499,959,322
	Other (specify):			<u>\$</u>	🗆	\$
				<u>\$</u>	🗆	\$
	Column Totals	•••••••••••••••••••••••••••••••		\$	🛛	\$ 499,959,322
	Total payments Listed (column totals added)			\$ 499,9	59,322_	
		D. FEDERAL SIGNATUR	RE	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
COI	is issuer has duly caused this notice to be signed by the institutes an undertaking by the issuer to furnish to the U. the issuer to any non-accredited investor pursuant to particle.	S. Securities and Exchange Comm	n. If this ission, u	notice is filed under pon written request o	Rule 505, the	e following signature information furnished
	uer(Printor Type) PM Manager Fund, SPC - gregated Portfolio 7	Signatule State Nacion	ten	,	Date: August	14, 2008
	me of Signer (Print or Type) tricia Watters	Title of Signer (Print or Type) Director of PM Manager	r Fun	d, SPC		

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. STATE SIGNATURE				
1,	Is any party described in 17 CFR 230.262 present provisions of such rule?	tly subject to any of the disqualification	Yes			
	See App	endix, Column 5, for state response.				
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.					
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.					
4.		is familiar with the conditions that must be satisfied to be e is filed and understands that the issuer claiming the avaitisfied.				
	suer has read this notification and knows the contents rized person.	s to be true and has duly caused this notice to be signed	on its behalf by the undersigned duly			
	(Print or Type) PM Manager Fund, SPC -	Signaturje	Date			
Segr	egated Portfolio 7	Fatairia Natters	August 14, 2008			
Name	of Signer (Print or Type)	Title of Signer (Print or Type)				
Patric	ia Watters	Director of PM Manager Fund, SPC				

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				API	PENDIX					
1		2	3			4		5		
	Intend to non-a investors	to sell ccredited s in State - Item 1)	Type of security and aggregate offering price offered in state (Part C – Item 1)		Type of in amount purcl (Part C	ivestor and hased in State – Item 2)		Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E – Item 1)		
State	Yes	No	Shares	Number of Accredited Investors	Number of Accredited Non-Accredited					
AL										
AK	 									
AZ										
AR										
CA		x	\$500,000,000	25	\$166,935,463	0	\$0		X	
со										
СТ										
DE										
DC									!	
FL.										
GA										
н										
ID										
IL										
IN										
IA										
KS		 					· ,			
KY										
LA										
ME					<u></u>					
MD	·	·			<u> </u>					
MA										
MI.		<u> </u>			<u> </u>					
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МО		 								
MT										
NE		<u> </u>						·		
NV			 							
NH		<u> </u>						·		
NJ		-								
NM		l						<u> </u>		

				APF	PENDIX					
1	. ` 2	2	3		4					
	Intend to non-ad investors (Part B -	credited	Type of security and aggregate offering price offered in state (Part C – Item 1)		Type of investor and Amount purchased in State (Part C – Item 2)					
State	Yes	No	Shares	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
NY		х	\$500,000,000	2	\$6,450,000	0	\$0		х	
NC										
ND										
ОН										
ок					<u></u>		<u> </u>			
OR								<u> </u>		
PA										
RI	-				·			<u> </u>		
SC								. <u>-</u>		
SD					,,, <u>,,</u>					
TN										
TX										
UT VT			·				<u> </u>			
VA						_				
WA										
wv										
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WY		· · · · · · · · · · · · · · · · · · ·								
Non										
LIC				_		L			L	

